

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		2				
25		1				
26		1				
27	1					
28	1					
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1	1				
37	1					
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46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	30					
TOTAL CLAIMS	39					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						